

Idaho Department of Health & Welfare

Renewal Application for Certified Family Support Partner

Division of Behavioral Health

Barnett, Jennifer - CO 3rd
1/8/2016

Renewal Application for Family Support Partner Certification

Family Support Partner Application Checklist

The following tool is for you to ensure your application is complete prior to submission to the Division of Behavioral Health for certification.

- ☐ I am at least eighteen (18) years of age
- ☐ I have a completed and signed an application for Certification
- ☐ I have enclosed my Acknowledgement of Certified Family Support Partner Code of Ethics.
- ☐ I have enclosed verification of my continuing education hours

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Certified Family Support Partner Application Instructions

Dear Family Support Partner Applicant,

Thank you for your interest in peer delivered services through Family Support Partner certification through the Division of Behavioral Health (DBH). The life experience of raising a child who is living with a behavioral health diagnosis is a unique parenting experience best shared with someone who has successfully navigated the various systems of care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

Call 208-639-5720 or email PeerSpecCert@dhw.idaho.gov

To efficiently move through this process, follow these steps:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at:
- <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, and the Code of Ethics.
- Complete the attached application either via email or handwritten using blue or black ink. You may submit the application through email to: PeerSpecCert@dhw.idaho.gov

Or mail your application to:

Division of Behavioral Health
450 W. State Street 3rd Floor
Boise, ID 83702
Attn: Peer Certification Oversight Committee/Family Support

- Refer to the checklist in the application to ensure that you are submitting all the required documentation.

Your renewal application must be postmarked on or before the last day of the month as shown on your certificate. For example, if you were certified September 1st 201, your certificate will expire September 30, 2016. If your renewal application is not complete and received by the last day of the month shown on your certificate, any

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Family Support Partner services provided may not be reimbursable due to your Certification being invalid.

Once we have received your completed application, you will be notified by mail or email that your application has been received and/or if there are additional documents needed. If your application is complete upon initial review, then it will be reviewed by the Family Support Partner Certification Oversight committee for final processing. Within thirty days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Candace Falsetti, QA Program Manager
PeerSpecCert@dhw.idaho.gov

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response that your written grievance was received. A decision for your grievance will be made within 60 days of receipt. All decisions made on a submitted grievance are final.

If you are applying for certification for the first time or were previously certified in another state, please go to the website at:
<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>

to obtain the initial Family Support Partner application or the application by reciprocity.

Should you have questions, please feel free to contact us at: 208-639-5720
Thank you again for your interest in becoming a Certified Family Support Partner in Idaho.

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An individual, who is certified as a Family Support Partner, shall satisfactorily complete a minimum of ten (10) Continuing Education hours through training in conjunction with the certification renewal process. At a minimum, one (1) of the Continuing Education/training hours shall be in Ethics.

Name (please print) _____

Certification Number: _____ Certification Date: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone Number: () _____ Email: _____

List the Title, date, sponsoring organization/association/agency and the number of hours for each continuing education training attended. Please attach supporting documentation of your hours earned. Attach additional pages as needed.

1. _____ Title of Training	_____ Sponsoring Organization/ Association/Agency
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_____ Number of Hours	_____ Date
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2. _____ Title of Training	_____ Sponsoring Organization/ Association/Agency
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_____ Number of Hours	_____ Date
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3. _____ Title of Training	_____ Sponsoring Organization/ Association/Agency
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_____	_____
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Number of Hours _____

Date _____

Documentation of Continuing Education Hours Continued

4. _____
Title of Training

Sponsoring Organization/
Association/Agency

Number of Hours

Date

5. _____
Title of Training

Sponsoring Organization/
Association/Agency

Number of Hours

Date

Please document your continued supervised work/volunteer experience as a Certified Family Support Partner. While not a requirement, it is encouraged as a good practice. Supervision may be one-on-one or in a group format.

Hours worked _____

of Hours of Supervision _____

Supervisor _____

Employment/Volunteer agency

My signature below affirms that all of the information attached to, and contained in, this application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.



I acknowledge that my name and certification number, once granted, may be released if requested.

Signature

Date

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Acknowledgement of the Certified Family Support Partner Code of Ethics

By initialing and signing, you understand that you are required to follow the professional standards of conduct detailed in the Certified Family Support Partner Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Idaho Certified Family Support Partner's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Family Support Partners Code of Ethics and will read and understand all my obligations, duties, and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Print full name

Date

Signature